

**MY HEALTH LA
PROVIDER BULLETIN CALL ON MONTHLY GRANT FUNDING (MGF)
MODERATED CALL MINUTES
MARCH 24, 2015**

ITEM	PRESENTER	DISCUSSION
A. AT&T Business Center introduced the call @ 2:00PM PM.	Linda (AT&T Rep)	<p>Speakers introduced:</p> <p>MHLA: Amy Luftig Viste, Mayra Palacios, Barbara Marshall, DHS Finance: Manal Dudar, Austin Williams, Sung Pak CCALAC: Tina Kim, Cynthia Carmona, Joanne Preece AIA: Denise Wampler</p>
B. Overview of Provider Bulletin #4	Amy Luftig Viste	<p>On April 1, 2015, we are moving to a new system of payment where by DHS pays clinic Monthly Grant Funding, called MGF, to Community Partner (CP) clinics, every month. This payment is sometimes known as capitation (if MHLA were insurance, which it is not). MGF is paid on behalf of enrolled participants every month regardless of whether the patient obtains a service. Once we move to MFG, clinics do not need to submit claims to AIA for the purposes of payment, except for dental services. However clinics will need to continue to submit claims to AIA for the purposes of encounter data submission, which will be described later on the call.</p> <p>Clinics have until May 31 to submit their Fee-For-Service claims to AIA for dates of service prior to March 31, 2015. They have until June 30, 2015 to re-submit appealed claims for dates of service prior to March 31, 2015.</p> <p>MGF is \$32 Per Member Per Month. \$28 of this is for primary care, including ancillary services (labs and basic radiology). \$4 of this is for pharmacy – this \$4 goes away once the pharmacy network is up and running for MHLA participants and clinics are no longer dispensing drugs out of their dispensaries. However, this will not begin until August or September, or possibly even October.</p> <p>MGF will be calculated based on the total number of enrollments in One e App (OEA) for the prior month. We will do the enrollment “data pull” in OEA a few weeks after the end of the month, to give the MHLA eligibility team time to disenroll applications that were not submitted complete or in accordance with eligibility rules for the program. However, please note that audits (and therefore disenrollments and denials) can take place at any time.</p> <p>Each clinic will receive via secure email a Remittance Advice (R.A.) that includes A) a list of all patients enrolled for which payment is being made, B) Any patients whose claim is being “adjusted” (i.e., they were disenrolled after payment was made) or C) the reason for any payment withholding (in this case, because encounter data was not submitted)</p> <p>The R.A. will come via secure email from Austin Williams and Sung Pak – eventually we will move to a system where it will be uploaded to a secure FTP site. A template of the information that all clinics will receive was attached to the Provider Bulletin. This is an example of what it will actually look like, with patient names redacted. A list of all the patients for which a clinic is being paid – even if in the thousands – will be emailed to clinics each month.</p> <p>Payment will be made 45 days after the end of the month – this is in the MHLA Agreement. So payment will be made no</p>

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		<p>later than June 15, 2015 for enrolled participants in April.</p> <p>If clinics receive their payment and have questions, they may submit an inquiry to MHLAMGF@dhs.lacounty.gov. Do not use this email for your Fee-For-Service inquiries – those should continue to go to AIA (or Manal Dudar in DHS Finance). This email should only be used after June 15 for MGF related payments.</p> <p>The payment inquiry form is attached to the email you received with this Provider Bulletin. It must be submitted within 30 days of receipt of the prior month’s payment – that timeline is in the contract. There are some questions you need to answer when you submit your form – questions like making sure that the patient is enrolled and active during the month of inquiry, that they belong to your medical home (they may have changed medical homes), and whether they were disenrolled or denied. We strongly encourage screenshots when submitting the form.</p> <p>Clinics are already aware, but it bears reiterating, that under the MHLA Agreement, DHS cannot pay, and will not pay, for patients whose applications were not submitted complete, or whose applications were not submitted according to MHLA program and eligibility rules. If an application is denied for “Incomplete Application” – no payment will be made going back to the beginning of that application.</p> <p>Clinics may see their payments temporarily withheld if they do not submit their encounter data, which is a service deliverable under the MHLA contract. This does not mean that we won’t pay the clinics, or that the payment will be held forever. It will just be suspended until the encounter data is submitted to the MHLA program.</p> <p>After dates of service after April 1, 2015, clinics will submit medical encounter data to AIA. This should be submitted on behalf of all service locations, including satellite sites and mobile clinics. Clinics will submit their medical encounter data to AIA in the same way that they submit claims now. These forms are available on the website, or you can contact Denise Wampler at AIA if you need help. Denise appreciates it if you can email her, Marta and Kristen (emails on the Provider Bulletin) all at the same time. The claims are submitted using the 837P or CMS 1500 layout, same as the way claims are submitted today.</p> <p>Like with the claims submission today, it is important that the encounter data claim match the enrollment file, which is pulled directly out of One e App. It is essential to get the PID correct, after that 2 out of the 3 fields must match: Name (First and Last), Date of Birth, and Gender. But most important is to get the PID right – if this is wrong, the claim will be rejected. Like with today’s claims, clinics are charged between \$1.00 and \$1.25 for all rejected and cancelled claims.</p> <p>If clinics are submitting their encounter data, but it does not meet MHLA’s expectations, we will work with the clinic using a process outlined in the Provider Bulletin to resolve the issues. Clinics who are making a good faith effort to submit their encounter data but who are not submitting it correctly or are not submitting it to DHS’s standards should not expect to have their payments withheld.</p> <p>When submitting encounter data to AIA, you may now use both the Primary Care Code Series (starting with 992-), as well as the Preventative Care Code Series (starting with 993-). This is in response to clinics who asked to be able to use the</p>
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		<p>Preventative Care Code Series for medically necessary preventative visits, like annual exams and well woman exams.</p> <p>Please note that your participants may receive care at any site within your agency.</p> <p>Dental Care is not a benefit of the MHLA program. However, some clinics receive dental funding for MHLA eligible patients. If you have a patient who is eligible for dental services, but who is not enrolled in MHLA, you should not enroll them. Instead, you should fill out a dental ATP form and the associated Income Calculation worksheet, and put them in the dental chart. The patient is eligible for 12 months after signing the form.</p> <p>If the dental patient is MHLA enrolled at the time of their dental visit, clinics still need to fill out the Dental ATP form, however the income calculation worksheet does not need to be filled out. Instead, print out the OEA summary sheet and attach it to the Dental ATP form in lieu of filling out the income calculation sheet. The eligibility on the signed ATP form should be considered the patient's eligibility for dental services.</p> <p>The ATP form (with either the income calculation or the MHLA Summary Sheet) should be placed in the patient's dental chart.</p> <p>Clinics who offer dental services should continue to bill AIA Fee-For-Service, claiming as they do today. They can use the ADA J430D forms that are on the website, or you can contact Denise if you need help. You would also bill us for any drugs associated with the dental visit, for example antibiotics, and we will reimburse a flat \$4 rate for drugs associated with the dental visit.</p> <p>Remember that both the primary care and dental components of the program use a drug formulary, which is on the website. Drugs should only be prescribed that are on the formulary.</p> <p>Enrollment Reports are available in OEA. The most useful reports for clinics are the "Medical Home Summary" reports which System Administrators can pull. These show up-to-date reports of enrolled, pending, denied and disenrolled patients.</p> <p>Some clinics have asked about "Metric" reports. These are not particularly useful – they are a list of all patients that are in some form of enrollment in the One e App system – either pending, in progress, or enrolled. For example, if you enroller is taking an application right now, and they are on Screen 8, that would show up in the Metric Report.</p> <p>That includes the overview of Provider Bulletin #4.</p>
C. Question/Answer Section		
	Clinic 1	When will DHS provide a list of pharmacy network clinics in Phase 2?
	Amy Luftig Viste	Probably not until the summer. We are still working out this process with clinics, and are still doing our solicitation for the vendor who will oversee the pharmacy network.

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	Clinic 2	When we provide encounter data, do we include the charge?
	Denise Wampler	You don't have to, but you can if you want to. Some clinics find it useful to include that information, but your encounter claim will not be rejected if it is not there.
	Clinic 3	Do you want us to include non-traditional outreach in the encounter data we submit, like telephone consults?
	Amy Luftig Viste	No. Only include MHLA covered services, which are face-to-face using the Primary Care or Preventative Care code series, in your Encounter Data submission.
	Clinic 4	Why do you need encounter data?
	Amy Luftig Viste	Because we won't be paying claims any more, without the submission of encounter data, we would have no way of knowing what type of care is being provided to MHLA patients. We would know nothing of the disease morbidity that is being treated, or who is getting care through the program.
	Clinic 5	When do we stop submitting our visit numbers on Survey Monkey?
	Francia Nava	April 15 th is the last day you need to submit Survey Monkey visit data. In April, we will send you a reminder that after this last submission, you no longer need to provide this information to us moving forward.
	Clinic 6	When I submit encounter data do I need to separate by fiscal year?
	Denise Wampler	No. AIA can handle intermixed claims.
	Clinic 7	To clarify, we need to fill out a Dental ATP for all dental patients? And submit to AIA?
	Amy Luftig Viste	You do need to fill out a Dental ATP for all dental patients, but that goes in the dental chart, not to AIA.
	Clinic 8	What does "Timely" encounter data mean?
	Amy Luftig Viste	We will have to look at the contract and get back to you. Post Call Response: We will issue a PIN to all clinics with this direction included.
	Clinic 9	In order for encounter data claims to match the Enrollment File, do we mirror what it says in One e App?
	Amy Luftig Viste	Yes. The enrollment file that goes to AIA comes directly from One e App. Your claim, or encounter data submission, should match what is in there. What is in One e App is what your enrollers input into the system. If there are errors, for example if a name or birthday is wrong, have your staff update it- please use update and not modification.
	Clinic 10	Who will the secure email go to for the R.A.? How do we know it is going to the right person?
	Mayra Palacios	Espie Medrano in my office is sending out confirmation emails that who we have for your clinic is correct. If you don't receive that email, please email me at Mpalacios@dhs.lacounty.gov .
	Clinic 11	Do we need to submit pharmacy encounter data?
	Amy Luftig Viste	Yes. Please continue to submit your pharmacy encounter data as you would a claim – either through a claim form or through the pharmacy excel list, if you are used to using that format.
	Clinic 12	Do we bill Preventative Care and Primary Care series together? Using a modifier?
	Amy Luftig Viste	No. Do not bill them together, and we do not accept modifiers. Just use the code that best reflects the type of visit you did. For example, bill the preventative code series for preventative visits.
D. Conclusion	Amy Luftig Viste	Thank you everyone for being on the call today.
E. Call Adjourned		3:00 PM